

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2. ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628				3. LOCATION CODE 304		4. BEAT/OCCUR 0512		
MEMBER INVOLVED	5. POSITION 9165		6. LAST NAME BUSH		7. FIRST NAME GARY S		8. STAR NO. 20082		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
	11. AGE 605		12. HT 230		13. WT 230		14. DATE OF APPT. 04-NOV-1996		15. EMPLOYEE NO. 193		16. UNIT & BEAT OF ASSIGNMENT 6565B	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. LAST NAME MCSWAIN		21. FIRST NAME EUGENE		22. M.I. BLK	
	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 506		26. HT 150		27. WT 150		28. ADDRESS CHRIST	
SUBJECT INFORMATION	29. TELEPHONE NO.		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST		34. BY WHOM? DR.	
	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO. 00000000		38. IR NO. <input type="checkbox"/> DNA		39. SUBJECT'S ACTIONS		40. ADDITIONAL INFORMATION THE OFFENDER MCSWAIN WAS ARMED WITH A COLT, .45 CALIBER SEMI-AUTOMATIC PISTOL, SERIAL #B67370, WHICH HE USED TO ASSAULT THE R/O & ASSISTING OFFICERS.	
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 17	
	47. BARREL LENGTH 4		48. CALIBER/GAUGE 9 MM		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) YST570		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	
REASON FOR USE OF FORCE (Check all that apply)	53. PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		54. ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		55. ASSAULT: ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		56. ASSAULT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		57. ASSAULT: DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER		58. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER	
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA	
	65. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. 1519111125	
	71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		72. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		73. REPORTING MEMBER (Print Name) BUSH, GARY S		74. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L		75. STAR/EMPLOYEE NO. 20082		76. SIGNATURE HY335302	
77. SIGNATURES		78. DATE REVIEWED 10-JUL-2015 23:20:19		79. TIME 10-JUL-2015 23:20:19		80. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L		81. STAR NO. 809		82. SIGNATURE HY335302		

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AH-28

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender is hospitalized and unable to be interviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that the discharge by police officer Gary Bush #20082 are within department guidelines. Officer Bush, while attempting to detain a possibly wanted subject observed this subject reach down onto the floor of the vehicle take possession of and raise a gun in his hand. Officer Bush, fearing he and his fellow officers would be shot, discharged his firearm striking the offender.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1076081 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

11-JUL-2015 00:18:37

79. TOTAL TRR's THIS EVENT No

8

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Att. 28